

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="border-bottom: 1px solid black; height: 1em; width: 100%;"></div>	FILING DATE <div style="border-bottom: 1px solid black; height: 1em; width: 100%;"></div>					
							APPLICANT(S) <div style="border-bottom: 1px solid black; height: 1em; width: 100%;"></div>						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						